



Assistant Fire Chief **East Hartford, CT**

The Assistant Fire Chief serves as Executive Officer of the Fire Department, including responsibility for the administration and operations of the department as delegated by the Chief. Works under the general direction of the Fire Chief.

This position requires thorough knowledge of the management of multiple company tactical operations; thorough knowledge of the Connecticut Fire Safety Code, federal and state OSHA regulations, and NFPA, and ISO standards; and thorough knowledge of effective supervisory practices, principles of strategic planning, municipal administration and budgeting.

The minimum job qualifications include the skills and knowledge that would generally be acquired with a Bachelor's degree in Fire Technology, Fire Administration, or a closely related field, and eight (8) years of increasingly responsible experience in fire fighting, including four (4) years as a shift commander or as head of a division or its equivalent. Relevant experience in fire service administration may be substituted for the educational requirement on a year-for-year basis; or an equivalent combination of education and experience.

Licensing requirements include the ability to be certified by the Fire Marshal's Office as a Fire Marshal and maintain certification in accordance with CGS, Section 29-298a, certification as an EMT-A, by the Connecticut State Office of Emergency Medical Services, and a Connecticut Motor Vehicle Operator's License.

The selected candidate will be required to successfully complete a pre-employment physical including a functional capacity exam and a drug screening.

Applicants should submit an application, resume, and letter of interest to:

Town of East Hartford
Human Resources Department
740 Main Street
East Hartford, CT 06108

The posting for this position will close on May 27, 2016

The Town of East Hartford is an Equal Opportunity Employer

Wages, Hours and Benefits for Assistant Fire Chief Position (7/1/2015)

*Where applicable, differentiation has been made between the promotion of an incumbent employee and the hiring of an external candidate.

Wages: \$93,218 – \$104,858

Hours: Minimum of 40 hours per week. The employee is expected to work additional hours to fulfill the duties and responsibilities of the position.

Compensatory time: Employee is not eligible for compensatory time.

Overtime: Employee is not eligible for overtime.

Sick time: The position does not accrue sick time.

An incumbent employee promoted into this position will be permitted to 'bank' their current number of sick days toward their future pension calculation. Days over and above the number needed for that calculation will cease to exist.

Vacation time: A minimum of 15 annual days of vacation upon initial date of appointment.

An incumbent employee promoted into this position will be permitted to carry forward any existing vacation balance up to the maximum of 75 days.

Retirement: Enrollment in the Town's 457 Plan whereby the Town contributes 8.5% and the Fire Chief and the Assistant Fire Chiefs contribute 4% of salary. Current employees promoted to the position of Fire Chief and/or Assistant Fire Chief shall have the one time irrevocable choice of maintaining their current pension between the Town of East Hartford and Firefighter's Union or enrolling in the Town's 457 Plan. Any person hired into the position of Fire Chief or Assistant Fire Chief after April 2, 2009 shall only have the option of enrolling in the Town's 457 Plan under the above referenced terms.

Separation from Service: The employee shall not be terminated without cause as defined by Town of East Hartford Charter and Personnel rules.

Health Insurance:

The Town shall provide the following insurance benefits for all active full-time Town employees and their enrolled eligible dependents. Effective July 1, 2015 employees will contribute, through a weekly payroll deduction, 19%, of the premium cost of items A and B below. The premium cost sharing will be on a pre-tax basis in accordance with Section 125 of the Internal Revenue Service Code. The premium share will increase 1% every July 1st to a maximum premium share of 25%.

A. High Deductible Health Plan with HSA/HRA

B. Prescription Drug Coverage

- C. Three-Tier Dental Program
- D. Vision care rider for employee and enrolled dependents
- E. The Town shall provide and pay for a Life Insurance policy for each employee at the rate of 2.5 times their total compensation to a maximum of \$250,000.
- F. The Town reserves the option to change insurance carriers from time to time, but not more than once in any calendar year, through competitive bidding, for all insurance benefits.
- G. Current and new employees may choose not to enroll in items A, B, and E, and receive a monetary payment instead. The Town of East Hartford will implement a "Health Benefit Opt-Out Incentive Program." This plan will offer employees a financial incentive to drop Town-sponsored health insurance (excluding Dental) if they have or can get health benefits through another plan. The other health plan must not be a Town or East Hartford Board of Education sponsored plan.
 - 1. Effective April 2, 2009, the payments to be made to employees who drop their Town-sponsored health insurance plan, excluding Dental, will be as follows:

| Coverage Type | Payment Amount |
|--|-----------------------|
| Individual | \$775 |
| Individual plus one dependent | \$1275 |
| Individual plus two or more dependents | \$1775 |

No payment will be made for a reduction in the number of dependents. The employee's entire contract must be canceled by the employee to qualify for payment.

- 2. One-quarter of the above amounts (\$193.75, \$318.75, \$443.75, respectively) will be paid at the end of the fiscal quarter for which the plan is canceled. Prorated payments will be made if an employee's plan is canceled partway through a quarter. The Mayor reserves the right to reduce or eliminate any of the above payments for any quarter due to lack of funds.
- 3. Employees wishing to take advantage of this option will fill out the change form provided by their plan and the "Health Benefit Opt-Out Form," and will provide written evidence of health insurance coverage by another plan.
- 4. Current employees who are eligible but are not now on a Town-sponsored insurance plan will be qualified for this incentive upon presentation of proof of coverage by another health insurance plan.
- 5. New employees who are eligible for Town coverage upon employment but choose not to enroll will be eligible for this incentive upon presentation of written evidence of health insurance coverage by another plan. Prorated payments will be made to new employees if they begin employment partway through a quarter.

6. Employees who opt-out of their Town-sponsored plan and then find that the other source of coverage is no longer available may re-enroll in a Town plan subject to the rules of that plan.

- I. **Incumbent electing to remain in their current pension only**: The term “retiree” below will mean a former employee who has met the requirements of the retirement plan to receive Normal or Disability Retirement benefits from the Town and is receiving such benefits.

New hires: The term “retired employee” below will mean a former Chief or Assistant Chief who has been continuously employed by the Town for a period of at least 10 years & obtained the minimum age of 55 years old.

Additional benefits as per the Town of East Hartford Personnel Rules and Merit System:

- J. **For all employees who are eligible to retire before January 1, 2012**: The Town shall provide and pay for the insurance benefits listed in Section 54.1 B & E
 1. For retirees who are eligible for Social Security Parts A & B, Supplemental coverage shall be provided in place of the foregoing coverage.
 2. The Town shall provide and pay for the insurance benefits described in Section 54.1 B and E for the retiree’s spouse under the following conditions:
 - a. The retiree must attain age 60 before his/her spouse will be eligible for this coverage.
 - b. If the retiree remarries, the new spouse will not be eligible for this coverage.
 - c. The term “spouse” shall mean the retiree’s spouse who shall have been married to and living with the employee as his/her spouse at the time of the employee’s retirement. When the retiree dies, all coverage to his/her spouse shall cease, unless such spouse elects to continue this coverage by the deduction of 100% of the monthly cost from their pension check.
 - d. In order for the spouse coverage to be effective, the retiree must pay to the Town 50% of the monthly cost, as determined by the Town. This contribution shall be deducted from the retiree’s monthly pension check. If such deduction is not made continuously from the retiree’s monthly pension check commencing with his/her 60th birthday, all coverage for the spouse shall cease and not be reinstated.
 - e. When the retiree’s spouse reaches age 65 and enrolls in Medicare, the Town will pay 100% of the cost for Parts A & B Supplemental coverage.

For all employees who are eligible to retire after January 1, 2012: The Town shall offer the insurance benefits listed in Section 54.1 B and E under the following terms:

1. Employees who retire at 55 years of age or under will pay 50% of the cost of employee-only coverage until the retiree becomes eligible for Medicare.
2. Employees who retire at 56 through 59 years of age will pay 25% of the cost of employee-only coverage until the retiree becomes eligible for Medicare.
3. Employees who retire at 60 through 64 years of age will pay 0% of the cost of employee-only coverage until the retiree becomes eligible for Medicare.
4. The Town shall cease providing and/or paying for any and all health insurance coverage when the retired employee becomes eligible for Medicare.

For employees who are eligible to retire on or after January 1, 2012: the Town shall offer the same medical benefits to the spouse, subject to the following:

1. Employees who retire at 55 years of age or under will pay 100% of spousal coverage until the spouse becomes eligible for Medicare.
2. Employees who retire at 56 through 59 years of age will pay 75% of spousal coverage until the spouse becomes eligible for Medicare.
3. Employees who retire at 60 through 64 years of age will pay 50% of spousal coverage until the spouse becomes eligible for Medicare.
4. The Town shall cease providing and/or paying for any and all health insurance coverage when the employee's spouse becomes eligible for Medicare.

Other benefits:

The employee will, subject to the sole discretion of the Mayor, be provided with the use of a Town of East Hartford motor vehicle



TOWN OF EAST HARTFORD

740 Main Street
East Hartford, Connecticut 06108
www.easthartfordct.gov

Phone
(860) 291-7220

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

| | | | | |
|---|-----------|--|----------|-----------|
| APPLICANT'S NAME (LAST, FIRST, MIDDLE) | | | | |
| STREET ADDRESS | CITY/TOWN | STATE | ZIP CODE | HOW LONG? |
| TELEPHONE NUMBER (HOME) | | TELEPHONE NUMBER | | |
| | | Work () _____ Cell () _____ | | |
| POSITION APPLIED FOR Assistant Fire Chief | | | | |
| ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO | | ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| AVAILABILITY <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME | | DATE AVAILABLE FOR WORK | | |

EDUCATION

| | | | |
|--|--|---------------------|---------------------------|
| Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No | If "No", highest grade completed: _____ | | |
| Name of high school: _____ | Do you have a high school equivalency Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Address: _____ | Place HS equivalency was granted: _____ | | |
| List all colleges, business schools or technical schools you attended in chronological order, most recent listed first: | | | |
| School | Address | Course/Major | Degree/Certificate |
| | | | |
| | | | |
| | | | |
| List any licenses or certificates required for the position for which you are applying (e.g., CDL, nursing, engineering), including date of issue, issuing authority, expiration date and license/certificate number. | | | |
| List any special courses, training programs or other training that is relevant to the position for which you are applying, including name and location where training was given, certificate received, if any, dates attended, subject of training, number of hours weekly (attach additional sheet if necessary). | | | |
| List any office equipment or machinery you can operate that is relevant to the position for which you are applying. | | | |

| | | |
|---|--|--|
| RECRUITING INFORMATION How did you hear about this job? (Please check one) | <input type="checkbox"/> Newspaper Name of Newspaper: _____ | <input type="checkbox"/> Community Agency Please give name: _____ |
| | <input type="checkbox"/> Town Employee Name _____ | <input type="checkbox"/> Internet name of website: _____ |
| | <input type="checkbox"/> Referral Service Please give name: _____ | <input type="checkbox"/> Other _____ |

02/08

List below, chronologically (most recent dates first) each place you were employed, omitting none (attach additional sheet(s) if necessary). Give correct, full addresses, and dates of non-employment in proper sequence. Include all part-time employment.

YOU MUST COMPLETE THIS SECTION EVEN IF YOU ARE ATTACHING A RESUME

IMPORTANT: May we contact your present employer? ☐ YES ☐ NO

| | | | |
|---|---|-----------|------------------|
| Name of Employer | | Job Title | |
| Address | | City | State Zip Code |
| Dates of Employment: From ____ / ____ month year To ____ / ____ month year | Name and Title of Supervisor | | Telephone Number |
| | Description of duties, responsibilities, and significant accomplishments: | | |
| Salary: Starting \$ ____ per ____ Ending \$ ____ per ____ | | | |
| | | | |
| | | | |
| # Hrs. Worked Weekly | Reason For Leaving | | |

| | | | |
|---|---|-----------|------------------|
| Name of Employer | | Job Title | |
| Address | | City | State Zip Code |
| Dates of Employment: From ____ / ____ month year To ____ / ____ month year | Name and Title of Supervisor | | Telephone Number |
| | Description of duties, responsibilities, and significant accomplishments: | | |
| Salary: Starting \$ ____ per ____ Ending \$ ____ per ____ | | | |
| | | | |
| | | | |
| # Hrs. Worked Weekly | Reason For Leaving | | |

| | | | |
|---|---|-----------|------------------|
| Name of Employer | | Job Title | |
| Address | | City | State Zip Code |
| Dates of Employment: From ____ / ____ month year To ____ / ____ month year | Name and Title of Supervisor | | Telephone Number |
| | Description of duties, responsibilities, and significant accomplishments: | | |
| Salary: Starting \$ ____ per ____ Ending \$ ____ per ____ | | | |
| | | | |
| | | | |
| # Hrs. Worked Weekly | Reason For Leaving | | |

Have you ever been discharged from a place of employment for cause? ☐ YES ☐ NO
 If yes, please describe _____



CERTIFICATION (READ CAREFULLY)

I hereby certify that the information I have provided on this application, including any attachments, is true and complete. I understand that if I falsify, omit or misrepresent any information on this application, or during an employment interview, should I be granted one, I may be disqualified from the selection process or discharged from employment, whenever the falsification or omission is discovered.

I understand that all statements made on this application are subject to verification. I authorize all persons or organizations listed on this application, except my current employer if noted above, to provide the Town with any and all information they may have concerning my previous employment, personal history, education and any other subjects covered by this application, and hereby release them, the Town, and the Town's current and former agents and employees from liability for any harm resulting from the disclosure of such information.

I understand that this application is not an employment contract, job offer or guarantee of employment. I further understand that if I receive a job offer, it is conditioned on my satisfactory completion of a criminal history check, drug test, medical examination and any other conditions listed in the job offer letter.

Signed _____

Date _____



Name: _____ Position Applied For _____

References: List below three individuals who can describe your qualifications for this position, preferably supervisors, professors, colleagues, etc.

Name: _____

Address: _____

Job Title: _____

Name of Work Place: _____

Phone: _____

Name: _____

Address: _____

Job Title: _____

Name of Work Place: _____

Phone: _____

Name: _____

Address: _____

Job Title: _____

Name of Work Place: _____

Phone: _____

TOWN OF EAST HARTFORD CRIMINAL CONVICTION INFORMATION

You are required to list any criminal conviction, regardless of the nature, date or location of the conviction, except for minor traffic offenses or a conviction that has been erased under Connecticut law. Attach additional sheets of necessary.

The types of criminal records subject to erasure under Connecticut law are: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or “nolled”; (d) a criminal charge for which you were found not guilty; and (e) a conviction for which you received a full pardon. If your only criminal record consists of items that have been erased under Connecticut law, then you are deemed never to have been arrested with respect to the erased proceeding and may swear so under oath.

This information will be made available only to the members of the Human Resources Department and to those persons interviewing the candidate.

A criminal conviction will not necessarily disqualify you from the application process, but will be considered as it relates to the position you are seeking and in light of any applicable state or federal law.

| Date of Conviction | Offense | Location of Conviction (City and State) | Sentence | Date Sentence Completed |
|--------------------|---------|--|----------|-------------------------|
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The information provided above is subject to all of the terms and conditions set forth in the certification on page 3 of the employment application form.

Name (Print)

Position You Are Seeking

Applicant's Signature

Date

AUTHORIZATION & RELEASE

(GENERAL EMPLOYMENT)

TOWN OF EAST HARTFORD
DEPARTMENT OF HUMAN RESOURCES
740 MAIN STREET
EAST HARTFORD, CT 06108
(860) 291-7220

DISCLOSURE NOTICE TO JOB APPLICANTS

In connection with your employment application, a consumer report, and/or an investigative consumer report including information with respect to your credit history, criminal convictions, motor vehicle violations, employment history, education, character, general reputation, and personal characteristics, whichever are applicable, may be made. You have the right within a reasonable period of time after receipt of this notice to make a written request for additional information as to the nature and scope of the investigation and a written summary of your rights under the Fair Credit Reporting Act. Such requests should be mailed to the address above.

In consideration of the Town of East Hartford's acceptance of my application to be considered for employment with the Town, I hereby voluntarily authorize the Town of East Hartford and its officers, officials, employees and agents to conduct a personality survey and to investigate my past employment history and activity, educational background, financial records, medical records, military records, criminal records, motor vehicle records, background investigation records, or whatever confidential or privileged information necessary to complete this investigation of my suitability to become an employee of the Town.

I hereby agree to cooperate in such investigation and acknowledge receipt of the above Disclosure Notice. I understand and agree that the Town may use copies of this Release to obtain information about me from whatever sources it deems necessary to interview, and expressly authorize such sources to provide assistance to me and the Town in my efforts to be employed by the Town of East Hartford. I also request that sources contacted by the Town accept a photocopy of this Release in lieu of an original, and hereby release and agree to indemnify and hold harmless any and all persons, including corporations and other business entities who may assist the Town in its efforts to determine whether or not I am a suitable candidate for employment.

I hereby acknowledge that I have read and fully understand the contents of this document and have freely signed same. I also agree that, if hired, this authorization shall remain on file and shall serve as an ongoing instrument for the Town of East Hartford to procure investigation reports at any time during my employment period.

This form must be notarized or witnessed by EHHRD in order to be considered for employment

Signature: _____ Date Signed: _____

Print Name: _____ Social Security No.: _____ - _____ - _____

Address: _____ State: _____ Zip Code: _____

Subscribed and Sworn to before me, a Notary Public, in and for County of _____,
and State of _____, this _____ day of _____, 20____.

Notary Public /or

My Commission Expires: _____

Witness -East Hartford Human Resource Dept.

Revised 02/08